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**For action**

**United Nations Children's Fund**
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Item 11 of the provisional agenda*

# Draft country programme document**

## Morocco

*Summary*

The draft country programme document for Morocco is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $6.7 million from regular resources, subject to the availability of funds, and $11 million in other resources, subject to the availability of specific-purpose contributions, for the period 2007-2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

06-30827 (E) 010506 020506

| *Basic data*[†] *(2004 unless otherwise stated)* | |
|---|---|
| Child population (millions, under 18 years) | 11.7 |
| U5MR (per 1,000 live births) | 43 |
| Underweight (% moderate and severe, 2003-2004) | 10 |
| Maternal mortality ratio (per 100,000 live births, 1994-2003) | 230 |
| Primary school enrolment (% net, male/female) | 91/87 |
| Primary schoolchildren reaching grade 5 (%) | 86 |
| Use of improved drinking water sources (%) | 80 |
| Adult HIV prevalence rate (%) | 0.1 |
| Child work (%, children 5-14 years old) | 11 |
| GNI per capita (US$) | 1 520 |
| One-year-olds immunized against DPT3 (%) | 97 |
| One-year-olds immunized against measles (%) | 95 |

[†] More comprehensive country data on children and women are available at www.unicef.org.

**The situation of children and women**

1. Morocco has carried out a series of legislative, social, economic and political reforms to encourage the emergence of a democratic civil society. The country has harmonized its legislation with international norms and applied many recommendations of the Committee on the Rights of the Child. It has ratified the optional protocols to the Convention on the Rights of the Child and Conventions Nos. 138 and 182 of the International Labour Organization (ILO). In 2003, it drafted a new Family Code in a move that was revolutionary for the Islamic and Arab world. In 2005, Morocco lifted the only reservation it had made upon ratification of the Convention on the Rights of the Child, relating to article 14 on freedom of religion. A National Plan of Action entitled "A Morocco Fit for Children" was prepared in 2005. Since 2002, the Government has been taking steps to ensure that consideration for gender equality is reflected appropriately in the sectoral budgets.

2. According to the National Initiative for Human Development (INDH), launched by His Majesty the King on 18 May 2005, 38 per cent of the population is living in a vulnerable situation (less than $500 per person per year) and 13.5 per cent of the population is living below the poverty threshold (less than $380 per person per year). Four million people live in unserviced neighbourhoods.

3. Morocco has made progress on decentralizing the management of local affairs. However, efforts have had a limited impact thus far owing to the lack of coordination, integration, clearly defined responsibilities, and mechanisms for community and partner participation. Moreover, it has proven difficult to decentralize human and budgetary resources.

4. According to the 2005 national report on the Millennium Development Goals, Morocco will attain goals 1 and 2, relating to poverty and universal primary education. The country is on the right track regarding goal 6, on reversing the spread of HIV/AIDS, and goal 8, on developing a partnership for development. Goal 7, on environmental sustainability, will be achieved by 2007, provided the National Action Plan for the Environment is implemented as planned. Morocco has made

progress on goal 3, but significant disparities between women and men remain. Morocco continues to face head on the challenges presented by goals 4 and 5: between 2003 and 2015, the maternal-mortality ratio should fall from 230 to 83 per 100,000 live births and the child-mortality rate should fall from 40 to 23 per 1,000 live births.

5. Almost 1,500 women die from birth-related complications each year, especially in rural areas. Neonatal mortality (57 per cent of infant and child mortality) remains the largest obstacle to reducing the under-five mortality rate. Disparities between urban and rural areas are high. Access to health care is low: two thirds of sick children are not taken to health-care services by their parents. At the national level, there is a ratio of one doctor to every 1,840 inhabitants. As regards basic health services, there is one centre for every 12,000 inhabitants; however, 240 rural health centres are closed owing to a lack of qualified staff.

6. Between 1987 and 2003, the underweight ratio fell from 20 to 10 per cent, while the ratio of wasting rose from 3 to 9 per cent (11 per cent in rural areas). Iodine deficiency affects 22 per cent of school-age children. Vitamin A deficiency affects 41 per cent of children aged from six months to six years at the national level; 32 per cent of children aged from six months to five years have an iron deficiency. One third of women of childbearing age and 45 per cent of pregnant women are anaemic.

7. Although the prevalence of HIV/AIDS is still relatively low, it has risen in the past three years, with 726 cases between 2003 and 2005 as against 391 cases between 2000 and 2002. The under-15-year-old age group accounts for 3 per cent of registered cases. Heterosexuality is still the main mode of transmission (76 per cent of cases). Sex workers are major potential carriers. Sentinel surveillance among pregnant women reveals an incidence ranging from 0.10 to 0.13 per cent between 2002 and 2005. The Government has still not developed policies on prevention of mother-to-child transmission of HIV or provision of comprehensive treatment for child victims of AIDS. The incidence of sexually transmitted diseases is high; on average, 375,000 new cases are registered each year.

8. Overall primary-school enrolment rose by 30 per cent in the past 10 years and the disparity between girls and boys fell from 14 to 5 points. However, implementation of education reform, begun in 2000, has been delayed. The illiteracy rate remains very high: 48 per cent at the national level and 67 per cent in rural areas. Among young girls aged between 15 and 24, the illiteracy rate is 39.5 per cent, rising to almost 50 per cent in rural areas. The system's internal efficiency remains poor: 4 out of 10 children do not finish primary school. Measurements of learning achievements do not show any improvement since 2000. Only 50 per cent of four- and five-year-olds (and only 17 per cent of girls in rural areas) are accepted by preschools, a private system that increases inequalities. School does not prepare young people properly for their integration into society and the workforce. Since 2005, the Department of Education has allocated additional efforts and resources to the quality of education in an effort to combat school dropout.

9. Over 600,000 children aged between 7 and 14 are at work, and serious forms of child labour persist to this day. Legislative loopholes persist, especially in the case of domestic work and handicrafts.

10. The number of children living in institutions rose from 29,304 in 2002 to 46,500 in 2004. Only 1 per cent of these children are orphans. Violence against children remains a common and legitimate practice in families, institutions and the workplace. Child sexual exploitation is on the rise. Child protection lacks social services for care and rehabilitation. Existing governmental and non-governmental structures lack qualified human resources and funds. Child protection is at the heart of a public debate and clear guidelines are being drawn up. The number of minors in child-protection centres comes to 5,731 (including 1,066 girls). Approximately 2,600 under-18-year-olds who have committed more serious crimes are in prison.

11. The National Initiative for Human Development (INDH) is a long-term project that aims to reduce poverty, vulnerability, precariousness and social exclusion and create a lasting dynamic for the well-being of the population as a whole. The Initiative uses a participatory process for drawing up local human-development plans. It is to be implemented by way of a political process based on consolidation of democracy and the rule of law, promotion of human rights and community participation. For the period 2006-2010, four programmes have been designed: (a) combating rural poverty in the 360 poorest rural communes; (b) combating exclusion in 250 urban areas; (c) combating precariousness among marginalized groups; and (d) establishing a cross-sectoral programme in support of human development.

## Key results and lessons learned from previous cooperation, 2002-2006

### Key results achieved

12. A model for improving the quality of schooling has been designed, implemented, evaluated, validated and adopted. The model calls for the participation of all education stakeholders, including families and local politicians. For the period 2002-2005, an estimated 20,000 children were prevented from dropping out of school in vulnerable areas. Today, the process has been extended owing to the involvement of other partners, including the World Bank and bilateral donors.

13. By supplying vaccines, the country programme has enabled the immunization coverage rate to be maintained at 95 per cent and new antigens to be introduced. Microplanning on immunization has allowed for catching-up actions in pockets with poor coverage and a vulnerable population. Almost 90 per cent of the cooking oil available on the market is enriched with vitamins A and D3.

14. On the basis of a special allocation of public funds, the "Fez model" for combating child labour is being replicated in other cities around the country. In Fez, this programme has enabled almost 600 under-12-year-olds to be taken out of employment and sent to school. In an area that is particularly difficult, this endorses the success of the approach developed by the programme in cooperation with the ILO International Programme on the Elimination of Child Labour.

15. The programme has put in place a communal information system for diagnostic studies and participatory plans targeting children and women, enabling a model of decentralized governance against poverty in rural areas to be developed. This model integrates community-based initiatives, the most current of which are the "Dar Al Oumouma" (waiting homes for pregnant women) and community mutual funds (to give the poorest population access to essential drugs). These

initiatives have been adopted by the National Initiative for Human Development and will be extended to the national level as part of its programme to combat poverty.

16. The programme responded efficiently to the natural emergency created by the earthquake of February 2004. UNICEF played a leading role within the United Nations system in assessing the situation, advocating a return to normality and ensuring respect for children's rights. It also put in place mechanisms to strengthen the capacity of partners and appropriate services for education, protection, psychological support and health.

**Lessons learned**

17. It is essential for partners operating centrally to be involved in decentralized activities if actions are to be replicated and sustainable. The programme has demonstrated, in various fields, its capacity to develop models on the ground for promoting the rights of the child that have since been adopted as country-level approaches.

18. Advocacy strategies have enhanced the priority given to children in the political agenda, including in the Labour Code, Family Code, criminal procedure, Code of Criminal Procedures and the National Plan of Action for Children.

19. The external evaluation of the country programme showed that it did not pay enough attention to the family, the main player in the consolidation of the rights of the child. The evaluation also highlighted the need to ensure that children are involved in all the components of the programme.

20. The evaluation and midterm review revealed that activities on the ground are too numerous and too widely scattered vis-à-vis the financial and human resources that are available. This has affected the monitoring and impact of such activities.

21. The programme has introduced a rights-based approach to United Nations partners, the Government and civil society. This approach has generated much interest. The challenge today is to institutionalize that approach and train human resources.

## The country programme, 2007-2011

**Summary budget table**

(In thousands of United States dollars)

| *Programme* | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Children's and women's health | 1 025 | 3 000 | 4 025 |
| Quality education | 1 400 | 3 400 | 4 800 |
| Child protection | 1 200 | 2 400 | 3 600 |
| Combating children's vulnerability in rural areas | 950 | 1 000 | 1 950 |
| Social policy and advocacy | 1 125 | 1 000 | 2 125 |
| Cross-sectoral costs | 1 000 | 200 | 1 200 |
| **Total** | **6 700** | **11 000** | **17 700** |

**Preparation process**

22. The country programme 2007-2011 is the result of a highly inclusive and participatory process that began with the midterm review, the programme evaluation, the preparation of the common country assessment (CCA) and the definition of the development objectives and priorities of the United Nations Development Assistance Framework (UNDAF). A group of experts on women and children was consulted to identify the challenges to be met and the value added by UNICEF. This was followed by consultations with the main partners, the regional office and the Ministry of Foreign Affairs, which plays the role of coordinator.

**Goals, key results and strategies**

23. The general aim of the country programme is to create an environment fit for children, thereby helping to attain the Millennium Development Goals and reduce the percentage of people living below the vulnerability threshold, in accordance with the National Initiative for Human Development.

24. The country programme will target three focus areas affecting the lives of children and women: the family, institutional arrangement and socio-political issues. It will seek to strengthen the capacity of families to assume their obligations and assert their rights, with a special emphasis on gender issues. Regarding institutions and organizations, it will seek to clarify roles and responsibilities and compensate for the failings that impair the realization of children's rights. At the socio-political level, the programme will undertake advocacy work based on an in depth and ongoing analysis of the situation of children and women, with a view to adopting policies that benefit children, improving the skills of human resources and allocating adequate funds.

25. The programme will concentrate on realizing the rights of children and women living in the pockets of poverty and exclusion identified by the National Initiative, in the following focus areas: (a) maternal and neonatal health, including early-childhood development; (b) the quality of basic education; (c) child protection; (d) combating the vulnerability of children in rural areas; and (e) support for a social policy, partnerships and social mobilization in favour of the rights of the child.

26. Specific actions will target the immediate underlying and structural causes of the non-realization of children's rights. Technical and programmatic support will be given with a view to building the capacity of those involved in the programme. The partnership with the United Nations system will help accelerate attainment of the Millennium Development Goals and programme results. The programme will remain within the convergence zones of the previous programme in order to capitalize on achievements made in boosting advocacy for extending good practice to the national level.

27. The key results expected at the national level in 2011 are as follows: (a) 80 per cent of families will be using iodized salt and enriched flour and oil; (b) the overall primary-school enrolment rate for girls in rural areas will have risen from 84 to 95 per cent; (c) legislation relating to protection will have been harmonized and adopted by the end of 2009; (d) participatory strategic planning will have been replicated in the rural communes identified in the National Initiative; (e) an integrated system for collecting and analysing strategic information will be in place; (f) strategies for targeted advocacy, communication and partnerships will have been

implemented; and (g) mechanisms for the participation of children and young people in decision-making will have been institutionalized. In the convergence zones, (a) prenatal-care and assisted-childbirth coverage will have risen by 20 per cent and neonatal-mortality will have fallen by 10 points; (b) in 10 regions, all women admitted to maternal-health services will have access to voluntary HIV/AIDS testing and counselling; (c) a social-protection system will have been developed and will be operational in four regions by the end of 2010; and (d) the institutional capacity for consolidating and developing the community-based projects adopted by the National Initiative for Human Development will have been strengthened.

**Relationship to national priorities and the UNDAF**

28. The programme will come within the framework of the National Initiative for Human Development and the National Plan of Action for Children. It will help achieve the UNDAF objectives in such areas as reduction of the rural population's vulnerability, enhancement of human and social capital, empowerment of women and girls, human development and governance.

**Relationship to international priorities**

29. The programme will contribute towards attainment of the first six Millennium Development Goals and will be part of Morocco's commitment to creating "A world fit for children" and to achieving the objectives of the special session of the General Assembly on HIV/AIDS through implementation of the National Plan of Action for Children. It takes account of the priorities of the UNICEF medium-term strategic plan 2006-2009.

**Programme components**

30. **The children's and women's health programme** focuses on access by the most vulnerable populations to basic health care and to the introduction of high-impact health care. Partnership with closely involved social interlocutors, local leaders and politicians, village associations, etc. will be given priority. An education programme for early-childhood health and development targeting communities and involving specialist staff will be put in place. Implementation will be at two levels, national and local, in order to target underprivileged communities in convergence zones.

31. This programme has four components: (a) reduction of maternal and neonatal mortality; (b) nutrition, focusing on low breastfeeding rates and high prevalence of micronutrient deficiency; (c) education with respect to early-childhood health and development; and (d) efforts to combat mother-to-child transmission of HIV, and information for risk groups among young people and adolescents, in line with the National Programme to Combat HIV/AIDS. In the convergence zones, (a) neonatal mortality will be reduced by 10 points; (b) prenatal-care and assisted-childbirth coverage will rise by 20 per cent; and (c) in 10 regions, all women admitted to family-planning services and prenatal consultations will be offered voluntary HIV/AIDS testing and counselling, and all women testing positive will be offered treatment, as will their children.

32. The nutrition component will aim to have 80 per cent of families using iodized salt and enriched flour and oil at the national level. This will be achieved on the

basis of appropriate legislation, a system of quality control, expanded public-private partnerships and targeted advocacy among decision makers, producers and families. The programme will continue to offer vitamin A supplements to under-five-year-olds. The exclusive breastfeeding rate will rise by 15 per cent at the national level. A special emphasis will be placed on enhancing the expertise of health-care professionals and on raising people's awareness in order to reverse the downward trend over the past 15 years.

33. **Quality education**. The programme will help meet the national objective of basic education for all by putting in place norms and mechanisms for monitoring the quality of the education system. It will target all the formal and non-formal structures that contribute to the education of children and the family. The school dropout rate will be reduced, as will the disparities in preschool, primary and college education between girls and boys and between different areas, especially in the programme's target areas. The programme will combine advocacy work with training of human resources and will work at the national, regional and local levels. Families and all educational institutions will be the subject of a participatory and systemic approach that considers both demand and supply and comprises both community-based and teaching aspects.

34. The programme will have two components: (a) combating school dropout; and (b) augmenting the psychosocial skills of adolescents, including the ability to protect themselves against HIV/AIDS. At the national level, the programme will support the Ministry in defining quality standards for the entire education system, as well as responsibilities and monitoring mechanisms involving a rights-based approach. It will accompany the Government in putting in place systems for certification and for facilitating the transition from basic education to professional employment. On the ground, in its initial phase, the programme will target pockets of poverty in six regions before being extended, through sponsorship, to pockets of poverty in neighbouring regions.

35. The key results expected are as follows: (a) overall primary-school enrolment for girls in rural areas of 95 per cent; (b) overall school enrolment for girls aged 6 to 15 of 86 per cent; and (c) a set of standards and mechanisms, designed and adopted at the national level, for monitoring quality at all levels of the education system.

36. **The child-protection programme** gives priority to putting in place a State system for the protection of the most vulnerable and excluded children, the harmonization of laws with international instruments and the implementation of domestic legislation. The objective will be to support decision makers in creating an institutional and legal environment and a network of services that guarantee the protection of children against all forms of violence, abuse and exploitation. The capacity of those involved on the ground will be strengthened in order to support the most vulnerable children and families, with particular attention to girls. The programme will enjoy national coverage and take direct action in the four target areas, thereby ensuring continuity with the previous programme.

37. The programme will have two components: (a) a national policy to prevent and combat violence, abuse and exploitation relating to children; and (b) legislation on child protection. The first component will help put in place an integrated system comprising measures relating to prevention, identification and immediate action, as well as services and mechanisms relating to protection. The second component will support: (a) the revision and harmonization of legislative texts; (b) the preparation

of training modules on juvenile justice, the Penal Code and the Family Code; and (c) offering these modules to key partners in the convergence zones.

38. The results expected are as follows: (a) the development of a national protection system that is operational in four regions by the end of 2010; (b) the adoption of harmonized legislation on protection by the end of 2009; and (c) the involvement of key individuals who will be familiar with and apply laws on child protection.

39. **The programme to combat the vulnerability of children in rural areas** supports Morocco's determination to reduce poverty in rural areas and improve the quality of life of marginalized populations by focusing on institutionalizing and extending methods relating to community-based diagnostic studies, planning and budgeting for children and women. The programme will be accompanied by the replication and training processes needed to extend the approach of the Communal Development Plan for Children (PDCE) in the 360 rural communes targeted by the National Initiative for Human Development, totalling 3.5 million inhabitants. The principles of participatory planning and programme convergence will be applied effectively from the very first year of the programme.

40. The programme will have two components: (a) institutionalization of participatory planning in favour of children, in line with the PDCE model developed within the framework of the 2002-2006 programme; and (b) training public and non-governmental partners in strengthening community participation and establishing good local governance to promote women's and children's rights.

41. Community-based projects in the four pilot communes of the previous programme will continue to be promoted in order to maintain and develop reference models. This includes planning processes and the development of community services.

42. The results expected are as follows: (a) local committees in the rural communes identified by the National Initiative for Human Development will apply the basic concepts of decentralized participatory strategic planning for children; (b) the communal information system will be operational in the rural communes identified by the National Initiative; and (c) institutional capacity in the target areas will be strengthened so as to consolidate and develop the community-based projects adopted by the National Initiative.

43. **Social policies and advocacy**. The programme has three interdependent components. The first seeks to put in place a national system for monitoring and drafting reports on the Convention on the Rights of the Child; to collect sectoral and decentralized data on children; and to analyse the impact of social and budgetary policies on children. The second component seeks to develop and implement an integrated advocacy and communication plan with a view to enhancing discussions on the situation of children in key public bodies, such as the National Congress on the Rights of Children, the Government, Parliament, academic and scientific forums, non-governmental organizations (NGOs), opinion makers, the private sector, the world of the arts, sport and the media, and young people. The third component will focus on promoting children's and young people's right to participation by strengthening the models that enable them to be involved in developing and implementing programmes that concern them. The partnership with youth structures, the children's parliament, scouts, youth centres and school clubs

will be strengthened by placing a special emphasis on the most excluded children and on girls. Building institutional capacity and equipping adults with a view to mainstreaming child participation into development programmes will be two fundamental elements of this process.

44. The results expected are as follows: (a) an integrated system for collecting and analysing strategic information on, and periodically reporting on, the situation of children in Morocco; (b) qualitative and quantitative changes in policies and budgets in favour of women and children, in particularly the most excluded; (c) strengthened and institutionalized mechanisms for children's and young people's participation in decision-making; and (d) effective advocacy, communication and partnership strategies.

45. The country office's emergency preparedness plan is updated annually. The office will work on putting in place emergency early warning and response systems in the context of integrated actions by the United Nations system, by targeting specific responses to the situation of children and women in emergencies. Measures to address the effects of avian flu will be strengthened, including the capacity of relevant partners and assistance in terms of medical equipment and supplies.

46. **Cross-sectoral costs** will cover the salaries of staff involved in cross-sectoral duties, programme coordination, supplies, monitoring and evaluation, and the purchase of essential supplies.

**Major partnerships**

47. The programme will strengthen existing partnerships with multilateral and bilateral agencies, NGOs and civil society. This partnership will be strengthened through sectoral and thematic consultation. Cooperation with United Nations agencies will be strengthened through UNDAF.

**Monitoring, evaluation and programme management**

48. An integrated monitoring and evaluation plan will be drawn up and reviewed in detail during the annual, midterm and end-of-cycle reviews. Recommendations contained in studies will feed into annual work plans and managerial decisions. Progress relating to the Convention on the Rights of the Child and the Millennium Development Goals will be monitored through the regular reports of the DevInfo system. Data produced by this system will be complemented by surveys and research. An end-of-cycle evaluation of UNDAF will measure the performance of the United Nations team and the results and processes of joint programming.

49. Each programme will be managed by a coordination committee bringing together, under the responsibility of the supervising ministry, representatives of institutions and associations at the national, regional and local levels. A steering committee composed of representatives of each programme will be responsible for reviewing the programme as a whole, under the chairmanship of the Ministry of Foreign Affairs.

50. The office will manage and monitor activities by conducting field visits and reviewing teams and committees. Quarterly meetings will be organized in order to monitor the integrated monitoring and evaluation plan. Performance indicators for the country programme will be analysed during monthly reviews of the local management team and annual management reviews.

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# Recommendation for funding from other resources without a recommendation for funding from regular resources

## Oman

*Summary*

The country programme document for Oman is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of $4,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2010.

* E/ICEF/2006/10.

06-31934 (E) 150506

| *Basic data*[*] *(2004 unless otherwise stated)* | |
|---|---|
| Child population (millions, under 18 years) | 1.1 |
| U5MR (per 1,000 live births) | 13 |
| Underweight (% moderate and severe, 1998) | 18 |
| Maternal mortality ratio (per 100,000 live births)* | 19 |
| Primary school enrolment (%, net male/female, 2002/2003)** | 72/72 |
| Primary schoolchildren reaching grade 5 (%, 2001-2002) | 98 |
| Use of improved drinking water sources (%, 2002) | 79 |
| Adult HIV prevalence rate (%, end 2003) | 0.1 |
| Child work (%, children 5-14 years old) | — |
| GNI per capita (US$) | *** |
| One-year-olds immunized against DPT3 (%) | 99 |
| One-year-olds immunized against measles (%) | 98 |

[*] More comprehensive country data on children and women are available at www.unicef.org.

* The WHO/UNICEF/UNFPA estimate for MMR is 87 per 100,000 live births for 2000. This estimate is adjusted for misclassification and underreporting.

** The latest statistics from the Omani Ministry of Education are 90/90.

***Range: $3,256-$10,244.

## The situation of children and women

1. Almost half of Oman's total population are children and young people aged 18 years or below. Of close to 2.4 million people, 1.8 million are Omani (and of 1.1 million under age 18 years, close to 1 million are Omani). The country is expected to meet almost of all the Millennium Development Goals. In recent years, urbanization has been rapid. The economy continues to show signs of growth, funded extensively by oil revenues, and a programme to modernize the social and physical infrastructure is underway. However, oil resources are limited. The Government needs to enhance employment levels to satisfy job demands of a growing population, and the non-oil-related industries need to expand to meet these future demands. With attractive legislation in place for foreign investors and large industrial projects underway, the Government is hoping to see great change.

2. With a net primary school enrolment rate of 90 per cent, the Ministry of Education continues to work towards achieving Millennium Development Goal 2. The country has made considerable headway in improving enrolment rates, despite education not being compulsory. Currently, female participation in education is at 48 per cent, representing a 0.24 per cent increase per annum. As these numbers increase, closing in on Millennium Development Goal 3 - gender equality in education - becomes more challenging, requiring new approaches to realize this achievement.

3. Throughout the 2004–2006 cycle, steady efforts were made to increase pre-school enrolment rates from less than 10 per cent to approximately 14 per cent.

4. In the realm of employment, female participation remains relatively low, with only 19 per cent of women economically active. In the government sector, 36 per

cent of Omani employees are female, but in the private sector that number falls to 17 per cent.

5. Oman is expected to realize Millennium Development Goal 4, reducing child mortality by two thirds, with an under-five mortality rate expected below the targeted level for 2015, at 11 per 1,000 live births, and an infant mortality rate very close to the target. However, it is particularly significant that an epidemiological transition has taken place, so that diseases are no longer the major cause of infant and child mortality. Due to the success of the immunization programme in Oman and other interventions, perinatal conditions are now the main causes of infant mortality and road traffic injuries are the leading cause of death in children aged 1–15 years (in 2004), accounting for 16 per cent of deaths. Roughly 7 per cent of health institution-reported deaths for children in this age group were from injuries and poisonings, many due to road traffic injuries.

6. In 2004, UNICEF supported the Ministry of Social Development in organizing the first national workshop on the sensitive subject of child abuse and neglect, including female genital mutilation and cutting (FGM/C), helping to start to break the silence around and shed some light on these topics. The issue of FGM/C was first mentioned in the 2001 knowledge, attitude and practices survey of secondary school students, which showed that 80 per cent of adolescent males and females considered female circumcision 'necessary and important'. Oman's second regular report to the Committee on the Rights of the Child stated that 85 per cent of females of all ages accept the practice of female circumcision, with those having been circumcised reaching 53 per cent, 46 per cent having had partial cutting and 8 per cent the more severe form. There is a need to review existing legislation, regulations and implementation of programmes.

7. Maternal nutrition continues to be a major concern since the most common and serious problem in pregnancy is iron-deficiency anaemia. The National Health Survey found that 41 per cent of young women aged 12–19 years, 43 per cent of pregnant women aged 15–49 years and as many as 30 per cent of all women aged 20–49 years had anaemia. Regionally, the prevalence of anaemia among pregnant women was 56 per cent in the Dhahira region and 52 per cent in the Muscat region. According to the Annual Health Report (2004), around 32 per cent of pregnant women had anaemia.

8. The maternal mortality ratio declined from 27 to 19 per 100,000 live births, a reduction of 32 per cent. Oman is confident that it will reach this Millennium Development Goal target. It is important to note that currently, the breakdown of the causes of mortality is not accessible. In 2004, 95 per cent of all births were attended by skilled health personnel.

9. A full investigation into the HIV/AIDS situation, carried out in January 2005, showed not only that Oman remains a low-prevalence country with a rate of at 0.1 per cent for the 15-49 year age group but also that the number of new cases has stabilized at roughly 80 per year. The reported modes of transmission are sexual (homo/heterosexual) (62 per cent); intravenous drug use (4 per cent); mother-to-child (4 per cent); multiple modes (12 per cent); and unknown (26 per cent). A cause for concern is the steady increase in infection rates of sexually transmitted disease, which rose from 33 per 100,000 in 2000 to 72 in 2003. In addition, low awareness of risks combined with a concentrated increase among young people is another major cause for concern.

10. There have been no recorded cases of avian influenza so far in Oman. The Government has already developed a comprehensive preparedness and response plan, stepped up surveillance and public information activities and established a 24-hour hotline.

## Key results and lessons learned from previous cooperation, 2004-2006

### Key results achieved

11. Oman ratified the two Optional Protocols to the Convention on the Rights of the Child by issuance of Royal Decree No. 41/2004. Additionally, the Sultanate completed and submitted its second regular report to the Committee on the Rights of the Child.

12. A significant breakthrough in 2005 was the passing of a Royal Decree on camel racing, which for the first time set standards for the age, nationality and protection of riders, specified categories according to the age of the camel and the distance it may race, and mandated the use of protective attire and other measures for riders. The Decree states that within five years no one under 18 years of age - no more children - will be used in racing.

13. Successful work in the area of malnutrition reduction has provided valuable insight and a greater understanding as to what is needed to develop a well-focused communication campaign to promote practices and attitudes leading to better childcare and nutrition.

14. In the areas of HIV/AIDS, education and improving maternal health, Millennium Development Goal targets appear to be within reach, with commendable progress made in all areas.

15. Considerable progress has been made in developing a strategy and resource materials promoting the development of life skills for healthy lifestyles among adolescents. For the first time, adolescents themselves were involved in the project design and the development of materials.

16. Key advances have been made in promoting gender equality and empowering women, with ratification of the Convention on the Elimination of All Forms of Discrimination against Women in 2005, along with the passing of a labour law setting standards for women's work including the number of hours and time of day.

17. A major achievement that established a new modality of cooperation for UNICEF globally has been the successful completion of a three-year programme of cooperation funded by other resources from the Government of Oman. In addition to funding the programme budget and some operational expenses, the Government seconded four officers from the Ministries of Health, Education, National Economy and Social Development to work as part of the UNICEF team. This was a highly valued programmatic contribution which in turn contributed to the building of national capacities through greater access to training, international expertise and networks, as well as experience in the work of an international organization.

### Lessons learned

18. The midterm review (MTR), which was carried out in May 2005 in close collaboration with all four principal counterpart line ministries, showed that in order to guarantee that emerging issues are dealt with effectively and efficiently, all relevant sectors must collaborate more closely, have common agendas, share resources and expertise and make data readily accessible.

19. With laudable investments and successes in the strengthening of service delivery systems, particularly in the health and education sectors, the remaining development challenges concerning the well-being and rights of children and women are now largely behavioural and social in nature, rather than infrastructural. Thus, the inclusion and/or strengthening of communication strategies in programmes is essential, as are enhanced partnerships with the media and other communication channels. Strengthening partnerships with the private sector would also increase the exercising of corporate social responsibility and the sustainability of programmes.

20. Better quality control is required to ensure that all research and subsequent reporting are of the highest standard and undisputable on national and international platforms. The establishment of a central database would aid considerably in this endeavour.

21. An important emerging issue which has now come to the forefront in the Sultanate is that of preventing and controlling child injuries. Administrative data have shown that there has been an epidemiological transition and that injuries, many of them preventable, are now the leading cause of childhood morbidity and mortality for children aged 1-18 years. This is an area that will require much more attention and multisectoral efforts in the coming years.

22. All counterpart ministries highlighted that the UNICEF role and value added should be in providing high-quality technical expertise; international experience and exchanges; capacity-building; breaking of the silence around challenges; and support in adopting, implementing and reporting on the achievement of international standards in Oman. Good practices pioneered in the Sultanate have been shared through the partnership, such as the past rapid reduction of under-five mortality rates; the establishment of the Community Support Group Volunteers network with over 3,500 members; and comprehensive HIV/AIDS integrated services which include a hotline and outreach programme.

## The country programme 2007-2010

### Summary budget table

| *Programme* | *Other resources* |
|---|---|
| Family and childcare and development | 1 000 |
| Protection and participation of children and adolescents | 1 000 |
| Communication and resource mobilization | 600 |
| Monitoring and evaluation | 400 |
| Cross-sectoral costs | 1 000 |
| **Total** | **4 000** |

**Preparation process**

23. A strategy paper and draft country programme document on future cooperation were drafted based on the outcome of the MTR as well as meetings held with members of the Steering Committee established during the MTR process. Under-Secretaries from the principal counterpart line ministries provided comments and overall approval.

24. The proposed programme was designed to contribute to the achievement of relevant priorities of the UNICEF medium-term strategic plan, the Millennium Development Goals, the principles and standards of the Convention on the Rights of the Child, the goals and targets of *A World Fit for Children* and the Seventh Five-Year Plan of the Sultanate of Oman. The recommendation for a four-year programme of cooperation was endorsed in order to synchronize objectives and targets with the Sultanate's Seventh Five-Year Plan for 2006-2010.

**Goals, key results and strategies**

25. The overall goals of this country programme are: (a) to support and advocate for the development and implementation of laws, policies and actions in conformity with the Convention on the Rights of the Child; (b) to promote the development of children to their full potential, to become capable of living healthy and active lives with access to knowledge relevant to their needs; and (c) to promote the empowerment of adolescents to be prepared for adulthood, able to participate in decisions affecting their lives.

26. The new country programme will contribute to the following key results by 2010:

(a) A national database system developed and made accessible to all partners, monitoring a comprehensive range of child rights, identifying and addressing regional disparities;

(b) The growing concern of preventable injuries, now the leading cause of child morbidity and mortality between for the 1-18 year age group, in particular road traffic accidents, to be addressed;

(c) Access to preschools expanded by at least 25 per cent of the established percentage of coverage;

(d) Existing key interventions such as Integrated Management of Childhood Illness (IMCI) and perinatal and neonatal care including universal neonatal screening for selected disorders, scaled up and improved;

(e) Early diagnosis of disabilities improved and expanded and the types of services and support available strengthened;

(f) Focus on so called sensitive challenges concerning women and children and at-risk children and women subsequently identified, ensuring a coordinated and comprehensive set of services and support;

(g) The percentage of young people living with HIV reduced by 25 per cent;

(h) Special attention to adolescents, expanding on the initiative for developing basic life skills and further promoting healthy lifestyles, e.g., continued schooling, physical activity and nutrition;

(i) Community- and/or family-based options for children currently in institutions identified and promoted.

27. This new country programme is broken down into four strategy components, as described below.

28. A child rights-based approach using the Convention on the Rights of the Child, ratified by the Government of the Sultanate of Oman in 1996 as the basic framework for UNICEF support, will be an underpinning strategy to bring about fundamental changes as required. Building on the momentum attained as a result of current initiatives, the strategy seeks to realize relevant provisions of the Convention, including through greater involvement of communities and other partners so that they fulfil their obligations as duty bearers.

29. Many activities to be implemented under the recommended programme contribute to overall human resources development, particularly of the younger generation, which will help to ensure skilled human resources in the Sultanate, as well as: (a) safeguard past achievements; (b) contribute to further capacity-building; and (c) enhance collaboration with institutions in the public and private sectors to initiate studies on cost-effectiveness and help to respond adequately to child development and protection issues.

30. The development of good practices and models will make a global contribution from Oman towards forging new modalities of cooperation with international partners as well as increase sustainability. Building on the successful example of cooperation underway, the strategy will emphasize Oman's leading role in the following interrelated areas for replication in the Gulf subregion and possibly other countries in transition by: (a) strengthening the capacity of a national body to assume the role of monitoring and reporting on the implementation of the Convention on the Rights of the Child, and act as overall defender of child and family concerns; (b) setting up and maintaining a centralized knowledge and database network on children's and women's indicators and priorities; and (c) continuing to allocate the necessary funds from national and local sources to enable further cooperation and exchanges with international partners, including UNICEF. Arrangements will be based on mutual agreement on sharing modalities, so that there is equitable provision of support.

31. Communication, partnership-building and resource mobilization strategies will be used to support the achievement of the programme's objectives and increase sustainability by engaging a wider range of partners for whom the well-being and fulfilment of the rights of children, women and families is a shared responsibility.

**Relationship to national priorities and the United Nations Development Assistance Framework**

32. The country programme is in line with the overall goals of the Government's Seventh Five-Year Development Plan. In the area of health, the programme addresses nutrition and the promotion of adolescent health including through prevention of risky behaviours such as those leading to road traffic injuries and HIV/AIDS infection, all of which are priorities in the Ministry of Health's Five-Year Development Plan. The extent and nature of emerging and sensitive issues such as FGM/C will also be investigated. The programme will address the Ministry of Education's priorities, which are the expansion and awareness of pre-school

learning, greater attention to special needs and the integration of the Convention on the Rights of the Child into the education system. In accordance with the Development Plan of the coordinating Ministry of Social Development, detailed attention will be focused on child protection and systematic monitoring of implementation of the Convention.

33. Long-standing collaboration with the resident office of the World Health Organization (WHO) will be continued, including in a number of project areas such as IMCI, the Baby-Friendly Hospital Initiative, HIV/AIDS programming and road safety promotion, for which WHO has been designated the global coordinator within the United Nations system.

34. The establishment of the Gulf subregional office of the United Nations Population Fund in the Sultanate is a positive step forward, as it brings additional resources and expertise in various needed areas and will help to strengthen inter-agency relations. With this addition to the United Nations presence in the Sultanate, the conducting of a Common Country Assessment and the development of a United Nations Development Assistance Framework may be considered.

**Relationship to international priorities**

35. The country programme contributes directly to Millennium Development Goals 1, 2, 4, 5 and 6 - the eradication of extreme poverty and hunger, universal primary education, reduction of child mortality, promotion of maternal health and combating HIV/AIDS. Additionally, the new programme contributes to the protection of children against neglect, abuse and exploitation, promoting healthy lives and providing quality education, all in agreement with the goals of *A World Fit for Children*.

**Programme components**

36. The **family and childcare and development** programme is designed to address family nutrition concerns, particularly among women and children, as well as access to health care facilities and pre-school enrolment and learning. The programme has two projects: (a) the child and adolescent health and nutrition project, which aims to augment the quality of adolescent and child health and to increase access to health-care facilities; and (b) the childhood care and education project, which aims to improve awareness of pre-school learning, investigate means of developing basic education and enhance facilities afforded to children with special needs.

37. The expected key results of the programme include: (a) access to pre-schools expanded by at least 25 per cent of the current coverage rate, (b) helping to develop the basic education system; (c) scaling up and improve existing key interventions such as IMCI, perinatal and neonatal care including screening for selected disorders; and (d) improving and expand early diagnosis of disabilities and integration of children with disabilities into social and community services, followed by assessments to ensure adequate support and care.

38. The **protection and participation of children and adolescents** programme is designed to address preventable injuries, reporting on child abuse and neglect, FGM/C, adolescent health and child rights. The programme has three projects: (a) the protection of children from abuse, violence and neglect project, which aims

to address the growing concerns of preventable injuries, in particular road traffic injuries, create a systematic process of registering and coordinating adequate responses, follow-up and monitoring of child abuse, violence, and/or neglect cases, and include FGM/C among child protection priorities; (b) the development of life skills and promotion of healthy lifestyles among adolescents project, which aims to increase the fulfilment of the potential of adolescents and promote their health, well-being and participation; and (c) the promotion of the Convention on the Rights of the Child project, which aims to integrate the Convention into the education system and generally enhance public awareness and internalization of its articles and principles, towards greater and broader fulfilment of obligations.

39. The anticipated key results from this programme include: (a) addressing the growing concern of preventable injuries; (b) special attention to adolescents, particularly in the areas of more successful transition to adulthood and assumption of adult responsibilities, prevention of risky behaviours, continued schooling and healthier lifestyles; (c) inclusion of FGM/C among child protection priorities; and (d) identification and promotion of community-based options for children currently in institutions.

40. The communication and resource mobilization programme has two projects: (a) programme communication, which aims to influence the attitudes and behaviours of all members of society so that issues concerning children, women and families are understood, internalized and accorded sufficient priority and resources, so that their situation and well-being may be further improved, including through the achievement of programme objectives and goals in line with global agreements and standards; and (b) the media and information project, which aims to strengthen partnerships with the media and enhance their role in addressing children's priorities in the Sultanate.

41. The anticipated key results include: (a) furthering the achievement of programme objectives, including through increasing awareness of national child priorities and of articles and principles of the Convention on the Rights of the Child, and understanding of shared responsibilities; (b) placing children's issues higher on the national agenda; (c) more open and frequent addressing of child protection and development issues; and (d) mobilization of resources necessary for programme implementation and sustainability.

42. The **monitoring and evaluation** programme is designed to ensure effective programme planning, implementation and performance through two projects: (a) the country programme management project, which aims to provide technical expertise in support of regular monitoring and reporting on the Convention and related indicators, undertake systematic monitoring of programme implementation and performance, and conduct studies, surveys and other forms of applied research on the situation of children, women, families and youth to ensure access to services and the fulfilment of their rights; and (b) the children and women's database project, which aims to set up a central knowledge and database network linked to the *DevInfo* initiative, monitoring the situation of children, women, families and youth.

43. The anticipated key results of the monitoring and evaluation include: (a) successful implementation with adequate funding for the country programme of cooperation; and (b) development of a knowledge and national database system accessible to all, on the complete range of child rights and various women's issues,

identifying and addressing regional disparities as well as overcoming any obstacles to information sharing.

44. As with the previous collaboration, **cross-sectoral costs** will cover such expenses as utility bills, fuel and car maintenance, furniture and office equipment/supplies and the service costs of support staff such as drivers and a bilingual secretary. Many of the operational expenses that in the past were covered by the UNICEF support budget are now covered by this cross-sectoral budget item.

**Major partnerships**

45. The Ministry of Social Development will continue to assume responsibility as focal point for the country programme of cooperation between the Government of Oman and UNICEF. The Ministry of Foreign Affairs will continue to be the focal point for all issues related to UNICEF in country representation and diplomatic affairs.

46. The projects and activities of the country programme are designed in such a way that intersectoral collaboration is required for the achievement of all key results. While the Ministries of Social Development, Education, Health and National Economy are each expected to assume focal point responsibility for certain projects or subprojects, the involvement of other governmental and non-governmental bodies in the same project or subproject will be essential for the effective achievement of planned results. These four principal counterpart ministries have stated that they wish to be the focal points and conduit for all other governmental and non-governmental bodies wishing to approach and/or work with UNICEF on any relevant programme area.

**Monitoring, evaluation and programme management**

47. Monitoring and evaluation are vital cross-cutting strategies and programme activity components, and are essential to programme management. Indicators for the Millennium Development Goals will be used to monitor progress under the country programme. Past cooperation has shown a distinct need for more concentrated efforts in monitoring and evaluation. In order to ensure adequate prioritization and high-calibre technical capacity, and to ensure full integration into programmes and annual work plans, one component of the country programme will be dedicated to these areas of activity.

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# Short-duration country programme document

## Sudan

*Summary*

The short-duration country programme document for Sudan is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of $6,169,000 from regular resources, subject to the availability of funds, and $90,000,000 in other resources, subject to the availability of specific purpose contributions, for the year 2007.

* E/ICEF/2006/10.

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## Introduction

1. The signing of the Comprehensive Peace Agreement (CPA) by the Government of Sudan and the Sudan People's Liberation Movement/Army on 9 January 2005, followed by the formation of the Government of National Unity (GoNU) and the Government of Southern Sudan (GoSS), provide an unprecedented opportunity to make rapid gains for child rights and progress towards achievement of the Millennium Development Goals. However, significant political, economic and social challenges remain, including a successful resolution of the conflict in Darfur, affecting the livelihoods of 3.4 million people; and a successful outcome of dialogue on remaining issues in the East, considered central to improving the humanitarian situation, the success of the peace process and recovery and development efforts in all parts of the country.

2. Because of the changing situation, the United Nations system (including UNICEF) and the GoNU decided to extend the current United Nations Development Assistance Framework (UNDAF) to cover 2007 and to prepare a new UNDAF for 2008 to 2011, with targeted programmes in line with the CPA, the Framework for Sustained Peace, Development and Poverty Eradication in Sudan and the new UNDAF.

3. In response to the CPA, UNICEF now has one management structure with a Representative covering the entire country, and two distinct area programmes, one for the North (including Darfur) and one for the South, each headed by a Director of Operations.

4. Currently, Sudan is not on track to meet most of the Millennium Development Goals by 2015. Half of the population in the North and 90 per cent in the South live below the poverty line. Some 18 per cent of children under five years of age in the North, and 48 per cent in the South, are underweight. Recent surveys indicate over 20 per cent global acute malnutrition in multiple locations. The gross school enrolment rate is 60.2 per cent in the North (2004-2005) and 25 per cent in the South (2003). In the North, the infant mortality rate (IMR) and under-five mortality rate (U5MR) were 68 and 105 per 1,000 live births respectively in the late 1990s. In the South, the IMR and U5MR were estimated in 2001 at 150 and 250 per 1,000 live births respectively.

5. Current coverage rates for measles immunization are estimated to be 73.5 per cent in the North and 20 per cent for the South. The maternal mortality ratio (MMR) was 509 per 100,000 live births in 1999 and estimated to be 1,700 for the South in 2001. In 2003, the adult HIV prevalence rate in Sudan was estimated to be 2.3 per cent. A recent study in the North found that 90 per cent of young people aged 19-24 years are sexually active but less than 10 per cent of them know how to prevent HIV or how and why to use condoms. In Southern Sudan, infection rates of over 20 per cent are being recorded at some voluntary and confidential counselling and testing (VCCT) sites.

6. In North Sudan, the rate of access to safe water is 47 per cent in rural areas and 79 per cent in urban areas, and in Southern Sudan it is estimated at 25-30 per cent in rural areas and 60 per cent in towns. In rural areas, some 9 million people in North Sudan and 5 million people in Southern Sudan have no access to safe drinking water, and about 12 million people in North Sudan and 6 million people in Southern Sudan have no access to adequate sanitation facilities. Southern Sudan bears an

estimated 70 per cent of the world's remaining dracunculiasis (guinea worm disease) burden.

7. Children remain vulnerable to abuse, exploitation and violence throughout the country. Protection of women and children, especially of girls, remains a serious concern in Darfur. One study of 230 reported incidents of sexual violence in Darfur found that 30 per cent of the victims were under 18 years of age. Abduction of children from one community by another and the very early marriage of young girls continue in Southern Sudan. Some 17,000 children are estimated to be associated with armed forces and groups in Sudan. The United Nations landmines database classifies Sudan as one of the 10 countries most affected by landmines.

8. Gender disparities remain significant. Recent GoSS data suggests that women on average earn 68 per cent less than men and have a lower rate of participation in the formal sector. Early marriage is common nationwide. Female genital mutilation/cutting (FGM/C) continues to be practiced on tens of thousands of girls aged two to nine years every year across North Sudan. Poverty and lack of access to education and health services have major repercussions on women's health, as reflected by the extremely high MMR.

## Key results and lessons learned from previous cooperation, 2002-2006

9. Routine immunization coverage of three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) in North Sudan increased from 64 per cent in 2002 to 83 per cent in 2005 and from 5 to 11 per cent in Southern Sudan. The proportion of one-year-olds immunized against measles increased from 62 per cent in 2002 to 73.5 per cent in 2005 in the North and from 12 to 23 per cent in the South. Between 2004 and 2005, over 9.9 million children were vaccinated against measles in North Sudan. A measles campaign is currently underway in Southern Sudan that has already vaccinated 500,000 children and will reach over 2.2 million children before the end of 2006. Following three years of zero polio cases, 178 cases were detected between December 2004 and June 2005 in 15 states. National Immunization Days have continued in response. No polio cases have been reported since July 2005. The number of reported malaria cases decreased from 450,557 in 2002 to 288,360 in 2005.

10. In Darfur, 2 million people affected by conflict received essential health care services. DPT3 coverage increased from 50 to 80 per cent between 2004 and 2005. The essential health care, nutrition and water and sanitation services provided by UNICEF, other United Nations agencies, the Government and non-governmental organization (NGO) partners contributed to the reduction in crude mortality from 2 per 10,000 in 2004 to 0.8 per 10,000 in 2005. The global malnutrition rate decreased from 21.8 per cent in 2004 to 11.9 per cent in 2005 due to multisectoral interventions in health, food (including therapeutic feeding) and water and sanitation. In Southern Sudan, 25,000 moderately malnourished children and 10,000 severely malnourished children received therapeutic and supplementary feeding. Vitamin A supplements were provided to about 7.2 million children nationwide (90 per cent of children under age five years in the North and 75 per cent in the South).

11. Improved access to safe drinking water was provided to over 4 million persons in North Sudan, including 1.76 million people affected by conflict in Darfur, and sanitation facilities to over 2 million people, including 1 million internally displaced persons (IDPs) in Darfur. In Southern Sudan, improved access to safe water was provided for over 400,000 people and improved sanitation facilities for over 60,000 people.

12. The gross enrolment rate for grades 1-8 in focus states improved from 37 per cent in 2001-2002 to 44 per cent in 2004-2005. The training of 11,300 teachers facilitated introduction of child-centred learning approaches in grades 1-4 in selected schools in the focus states. The restoration and re-establishment of educational facilities for conflict-affected children in Darfur contributed to the provision of learning opportunities for 382,790 children. In addition, the nomadic education project contributed to increasing the enrolment of nomadic children from 31,290 in 2000-2001 to 121,230 (40,410 girls) in 2004-2005. In Southern Sudan, an additional 134,230 children in focus areas had access to basic education, including 46,490 girls.

13. Under the child protection programme, 120 communities were mobilized to stop FGM/C, 1,400 abandoned babied in Khartoum were placed with families or in foster care and 480,000 persons received mine-risk education. Humanitarian workers were trained in sexual exploitation and abuse and psychosocial support was provided to over 170,000 conflict-affected children in Darfur. Sudan enacted a new child law in 2004 and ratified the two Optional Protocols to the Convention of the Rights of the Child, the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction, and International Labour Organization Conventions Nos. 138 and 182. Interventions in Southern Sudan contributed to enhanced child protection services and awareness of child protection issues, and a substantial reduction in the number of children separated from their families. The text of a comprehensive Children's Bill that is based on international legal standards, covering child welfare, juvenile justice, family law and children's rights in Southern Sudanese law, has been finalized. Between 2002 and 2006, UNICEF supported different Southern Sudanese child demobilization task forces and authorities to remove over 15,000 children from armed forces and return them to their families.

14. The Child-friendly Community Initiative and the community development centres have been platforms for community empowerment and integration of programmes at community level. They have been implemented in over 400 communities, leading to increased immunization coverage, enrolment in primary schools and access to improved water supply.

15. Communication and advocacy interventions contributed to the creation of broad-based support and partnerships for implementation of programmes designed to help fulfil children and women's rights. The Sudan Information Campaign for Returns supported the return and reintegration of displaced persons by enabling IDPs to make informed decisions regarding return to their places of origin.

16. Collaboration between the Sudan National AIDS Control Programme and the United Nations HIV theme group in North Sudan, including UNICEF, resulted in the development of a national HIV/AIDS strategic plan; a comprehensive strategy targeting young people and orphans and vulnerable children; mobilization of youth to work with and in their communities; the development of a peer-education curriculum; and training of a pool of peer educators who in turn provided life-saving skills to over 70,000 young people. The Safe Motherhood Initiative in Southern

Sudan provided improved antenatal care services to about 17,000 pregnant women, including emergency obstetric care and services to prevent mother-to-child transmission of HIV (PMTCT). Access to HIV testing leapt forward in Southern Sudan in 2005, with the provision of 32,000 rapid test kits to VCCT sites. In-depth training was provided to 240 life-skills mentors who in turn oriented 14,200 young people in and out of school on HIV/AIDS and responsible decision-making skills.

### Lessons learned

17. The midterm review of the country programme, held in 2004, made a number of recommendations: (a) clearer geographic focus and going-to-scale in selected focus areas with greater need would improve the programme's effectiveness and impact; (b) increased support to key priorities to achieve strategic results at scale nationwide would increase the impact of programme interventions; (c) while the country programme will continue to have a large service-delivery component in light of the humanitarian needs, greater attention to support for policy development and capacity-building at the local level are essential to expand and sustain service delivery and to make adequate progress towards the Millennium Development Goals; and (d) as demonstrated by the Darfur emergency interventions, effective sectoral coordination mechanisms should promote partnerships, unification of approaches, strengthening of sectoral capacities through pooling of competencies and resources, and a sector-wide approach to humanitarian action, recovery and development interventions.

## The country programme, 2007

### Summary budget table

| *Programme* | *Recommended allocation* (In thousands of United States dollars)* | | |
|---|---|---|---|
| | *Regular resources* | *Other resources* | *Total* |
| Health | 825 000 | 15 500 000 | 16 325 000 |
| Water and environmental sanitation | 825 000 | 15 500 000 | 16 325 000 |
| Basic education | 825 000 | 20 500 000 | 21 325 000 |
| Child protection | 825 000 | 10 000 000 | 10 825 000 |
| Planning, research, monitoring and evaluation | 616 000 | 3 000 000 | 3 616 000 |
| Communication and advocacy | 516 000 | 2 000 000 | 2 516 000 |
| Nutrition | 308 000 | 4 000 000 | 4 308 000 |
| HIV/AIDS | 504 000 | 6 000 000 | 6 504 000 |
| Cross-sectoral costs | 925 000 | 13 500 000 | 14 425 000 |
| **Total** | **6 169 000** | **90 000 000** | **96 169 000** |

* In addition to this estimated programme budget, this programme will receive emergency other resources estimated at $45 million based on the experience of the current programme of cooperation.

## Preparation process

18. The Ministry of International Cooperation (GoNU) and the Ministry of Regional Cooperation (GoSS) coordinated the preparation of the country programme, with the participation of line ministries, United Nations agencies, NGO partners, donors and civil society representatives.

## Goals, key results and strategies

19. The overall goal of the country programme for 2007 is to support the consolidation of peace and promote the progressive realization of the rights of children to survival, development, protection and participation. It will contribute to: (a) reduction in the prevalence of child malnutrition; (b) reduction in child morbidity and mortality; (c) increased access to improved water and sanitation systems to reduce water-borne and sanitation-related diseases; (d) increased access to quality basic education and improvement of gender parity at the basic/primary stage of education; (e) the development of systems for the protection of children from violence, exploitation and abuse; (f) reduction in HIV infection among children and women; (g) the formulation of appropriate policies and enhanced resource allocations for programmes for children; and (h) the development of systems for monitoring of the situation of children and women to inform strategic decision-making.

20. The country programme is based on four key strategies:

(a) support to policy development, capacity-building and establishment of management information systems;

(b) focus on a limited number of key flagship priorities which will be pursued Sudan-wide to achieve strategic results at scale, including: (i) achieving universal coverage for measles immunization; (ii) expanding access to safe water and hygiene; (iii) ensuring access to a quality basic education; (iv) HIV/AIDS prevention, care and support for children and adolescents; and (v) establishment and strengthening of systems and structures to address abuse, exploitation and violence against children;

(c) support for scaling-up of interventions in selected geographic areas to reduce disparities in socio-economic indicators, coupled with convergence of interventions in the most disadvantaged communities 19 focus states (nine in North Sudan and 10 in Southern Sudan);

(d) link the scaling-up of interventions to supporting the return and reintegration of IDPs by targeting the provision of such services as immunization, water and sanitation and education in areas with high numbers of returnees. In addition, UNICEF will maintain a capacity to rapidly respond to such acute emergencies such as conflict-related displacement, drought, floods and epidemics, including avian influenza.

21. Each of the sectoral programmes will maintain a high degree of emergency preparedness with essential supplies and equipment required for meeting the needs of vulnerable populations affected by crisis. UNICEF will also assume its responsibilities to support the coordination of the water and environmental

sanitation, nutrition and education sectors in line with the Inter-Agency Standing Committee cluster-lead approach.

## Relationship to national priorities and the UNDAF

22. The programme is in conformity with the six-year Framework for Sustained Peace, Development and Poverty Eradication in Sudan, which reflects national reconstruction and development priorities for consolidation of the peace process, attaining broad-based growth, poverty reduction and sustained human development towards the Millennium Development Goals. The programme is also in line with the UNDAF for 2002-2006, which has been extended to cover 2007.

## Programme components

23. The **health** programme aims to contribute to the reduction of child and maternal morbidity and mortality. Specific targets for North and Southern Sudan, respectively, include: polio eradication; increasing DPT3 coverage to 86 per cent and 35 per cent; increasing the proportion of one-year olds immunized against measles to 75 per cent and 50 per cent; increasing tetanus toxoid vaccine coverage for pregnant women in focus states/counties to 40 per cent and 20 per cent; increasing the percentage of households in malaria-endemic localities using insecticide-treated bednets for young children and pregnant women to 40 per cent and 10 per cent; increasing the proportion of health facilities using the Integrated Management of Childhood Illness (IMCI) to 40 per cent and 25 per cent; increasing the proportion of births attended by skilled health personnel to 60 per cent and 20 per cent, including measures to enhance access to emergency obstetric care. Hepatitis B vaccine will be introduced in all states in the North.

24. For the North, the key strategies include: focusing on reducing geographic, urban/rural, gender and socio-economic disparities; development of local health systems in selected localities; capacity-building to facilitate decentralization of services; delivery of integrated health packages in selected disadvantaged communities; strengthening routine immunization; expanding the facility- and community-based IMCI approaches; and strengthening emergency obstetric care through training and equipping of maternal and child health facilities.

25. Key strategies for the South include: (a) scaling-up primary health care services, especially in underserved areas; (b) strengthening the Ministry of Health and local health authorities in policy formulation, planning, health management and information systems development; and (c) prevention and control of key endemic and epidemic diseases.

26. The **nutrition** programme aims to reduce global acute malnutrition in high-risk areas to less than 15 per cent in both North and Southern Sudan, reduce the prevalence of child malnutrition (underweight for age) by 5 per cent in high-risk areas, monitor the nutritional status of vulnerable populations and support the formulation and implementation of a nutrition policy.

27. In North Sudan, specific targets include: (a) management of severe acute malnutrition by 50 per cent of paediatric hospitals in focus states; (b) growth monitoring, promotion of breastfeeding and complementary feeding by 35 per cent

of health facilities in focus states; (c) increasing coverage of vitamin A supplementation to 95 per cent of children under five years in focus states; (d) increasing the coverage of iron and folic acid supplementation to 30 per cent of pregnant women; and (e) increasing the percentage of households in high-risk areas using iodized salt to 20 per cent, and the percentage of households in high-risk areas in Darfur receiving iodized oil capsules to over 95 per cent. The specific targets for the South include: (a) provision of a minimum nutrition package to treat malnutrition by four hospitals, 20 health centres and 100 health units; and (b) increasing vitamin A and zinc supplementation coverage to 95 per cent of children under five years of age.

28. Key actions that will be supported in both North and Southern Sudan include: (a) building the capacities of the GoNU and GoSS Ministries of Health, state ministries of health and key NGO partners to implement the national protocol on the management of acute malnutrition and implementation of the minimum nutrition service package; (b) provision of nutritional supplies and equipment (including micronutrients); (c) advocacy efforts for a national food fortification policy; (d) strengthening of nutrition information systems in order to provide accurate and timely information for planning and monitoring; and (e) technical assistance to support nutrition policy and strategy development.

29. The **water and environmental sanitation** programme seeks to achieve the following specific targets for North and Southern Sudan, respectively: (a) increase the number of people using an improved water source in focus states by 1 million and 400,000, and in guinea-worm endemic villages by 50,000 and 100,000; and (b) increase the number of persons using basic sanitation facilities by 400,000 and 120,000. The programme will also support community-based hygiene improvement and water safety plans, including hygiene communication for behavioural change, covering over 150,000 and 200,000 families.

30. In both North and Southern Sudan, the programme will support interventions to strengthen management, build sectoral capacities, rehabilitate existing water systems and construct new systems to reach un- and underserved rural localities and communities. This will include establishment of new water systems close to schools and health facilities, and provision of sanitary facilities for girls and boys in schools and health facilities. Promotion of community ownership and management of water supply facilities, utilization of services and sustained behavioural change will be important aspects of the programme.

31. The **basic education** programme in North Sudan aims to: (a) increase enrolment in basic schools by 350,000 pupils (45 per cent girls); (b) increase enrolment in grade 1 by 30,000; and (c) increase enrolment in schools for nomadic children by 42,600 and enrolment in learning centres for out-of-school children by 45,000. In Southern Sudan, the programme aims to increase enrolment in basic schools by 400,000 pupils to reach 1.6 million children in total.

32. The priority interventions common to both North and Southern Sudan include: (a) revision of education policies for consistency with the CPA, the interim national constitution (North) and the Interim Constitution of Southern Sudan; (b) creating a pool of trained personnel and teachers at state and county levels for effective planning and management of basic education and promotion of child-centred learning approaches; (c) establishing educational management information systems; and (d) qualitative improvement through a revision of the curriculum and textbooks.

33. Interventions specific to North Sudan include: (a) extending the coverage of basic education with a stronger focus on increasing access in underserved areas, particularly for girls; (b) expanding educational programmes that target nomadic and out-of-school children; and (c) improving the learning environment. Interventions specific to Southern Sudan include: (a) developing the capacity of the GoSS Ministry of Education, Science and Technology at the central and state levels by seconding staff to the Ministry's planning units; and (b) providing equipment and supplies and training new staff in management and education skills. A Go-to-School Initiative to get up to 1.6 million children into school includes: (a) training of teachers, construction of classrooms and learning spaces and increasing the number of village schools for girls to enhance gender equality; (b) developing alternative learning programmes for out-of-school adolescents and demobilized children associated with armed forces and groups; and (c) increasing textbook production.

34. The **child protection** programme seeks to strengthen systems to address abuse, exploitation and violence against children. Expected key results in both North and Southern Sudan include: (a) legal reform and increased government budgetary allocations to social protection; (b) availability of sustainable child protection systems at all levels; (c) vulnerable youth and children have increased awareness and access to services that strengthen the protective environment; and (d) children's right to participation mainstreamed throughout child protection programmes, including increased access to leadership training, youth networking and consultation opportunities.

35. Major interventions will include: (a) making data on child protection issues available to help GoNU and GoSS plan and develop appropriate programmes and monitor achievements; (b) strengthening social welfare systems to address abuse, exploitation and violence against children; (c) promotion of community-based approaches; (d) development of GoNU and GoSS capacities for systems management, strategic planning, policy development and coordination; and (e) development of capacities of NGOs, community based organizations and communities for social welfare delivery, implementation of policies, best practice formulation, networking, child protection planning, advocacy, implementation and evaluation of programmes.

36. The **planning, research, monitoring and evaluation** programme will support: (a) establishment of systems, including DevInfo, for monitoring the situation of children and women; (b) preparation of a comprehensive situation analysis using the results of the Sudan Household Health Survey; and (c) expansion of the Child-friendly Community Initiative to promote community empowerment and integration of programmatic interventions, covering an additional 150 communities. It will support strengthening GoNU and GoSS capacities for effective programme planning, monitoring and evaluation, especially in Southern Sudan, including linking data and research with budgeting, policy formulation, addressing cross-sectoral issues and policies, and ensuring equitable allocation of resources required for humanitarian, recovery and long-term development interventions in underprivileged areas.

37. The **communication and advocacy** programme will support leveraging knowledge and resources for the well-being of children and women through policy, advocacy and dialogue with key decision makers at all levels. It will support effective engagement with communities and other stakeholders for increased access

to services and adoption of safer, healthier practices and behaviours. It will support networks of government institutions, NGOs and youth organizations and communities to promote children's and women's rights. Strategies for behavioural change will focus on selected disadvantaged communities in focus states to promote appropriate care for young children, girls' education and acquisition of knowledge and skills required by individuals, especially adolescents, to prevent HIV transmission.

38. The **HIV/AIDS** programme seeks to achieve the following specific targets for North and Southern Sudan, respectively: (a) 500,000 and 300,000 young people have correct information and relevant life skills to reduce their risk to HIV/AIDS; and (b) 5 million and 2.5 million people have access to correct information and preventive services to reduce their vulnerability to HIV/AIDS. Key interventions will include: (a) ensuring access to VCCT and PMTCT services for young people and pregnant women in major towns; (b) updating and operationalizing strategic plans; (c) HIV/AIDS prevention, care and support for children and adolescents; (d) paediatric care; (e) protection, care and support for children affected by HIV/AIDS, including orphans and vulnerable children; and (f) intensification of interventions within the Unite for Children, Unite against AIDS Campaign.

## Major partnerships

39. Partnerships will be maintained with governments, international and national NGOs, United Nations agencies and other partners. UNICEF is part of the integrated United Nations Mission in Sudan. The World Health Organization (WHO) will continue to be a major partner in programmes on immunization, polio eradication, IMCI and combating childhood communicable diseases. The United Nations Population Fund (UNFPA), WHO and UNICEF will continue as partners in programmes to improve maternal health and PMTCT plus. The World Food Programme and UNICEF will work together to carry out nutrition surveys, support therapeutic and supplementary-feeding programmes run by NGOs and expand school feeding programmes, including care and support for children and families infected and affected by HIV. UNICEF will continue to collaborate with the Joint United Nations Programme on HIV/AIDS, the United Nations Development Programme, UNFPA, WHO, the Scouts movement, national and international NGOs and bilateral and multilateral donors in providing prevention, care, information for behavioural change, skills and services to halt and reverse the HIV/AIDS pandemic.

40. UNICEF will collaborate with the United Nations Educational, Scientific and Cultural Organization to promote the goal of Education for All and with NGOs in coordination with the concerned line ministries. UNICEF will also continue to play the role of a facilitating agency in the provision of safe water and promotion of sanitation and hygiene through involvement of NGOs, especially in emergency areas. Partnership with the Carter Center will continue in combating guinea worm disease. Collaboration with the United States Centers for Disease Control and Prevention and Rotary (both national and international) will be maintained for polio eradication. Collaboration with the World Bank will be enhanced for leveraging of resources, promotion of poverty eradication and a coordinated effort to implement recovery and development programmes supported through the Multi-Donor Trust Funds.

## Monitoring, evaluation and programme management

41. The Integrated Monitoring and Evaluation Plan will be the principal tool for monitoring and evaluation. GoNU and GoSS line ministries will be responsible for coordinating regular monitoring of each programme component, including regular field visits by ministries and departments at the central and state levels, collaborating NGOs and UNICEF, and quarterly, mid-year and annual reviews. Evaluations will be planned with the involvement of UNICEF, government and other key partners. The GoNU Ministry of International Cooperation and the GoSS Ministry of Regional Cooperation will be responsible for the overall programme coordination.


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**United Nations Children's Fund**
Executive Board
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5-9 June 2006
Item 11 of the provisional agenda*

## Draft country programme document**

### Syrian Arab Republic

*Summary*

The draft country programme document for the Syrian Arab Republic is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $4,605,000 from regular resources, subject to the availability of funds, and $1,450,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

06-31489 (E) 100506

| *Basic data*[1] *(2004 unless otherwise stated)* | |
|---|---|
| Child population (millions, under 18 years) | 8.3 |
| U5MR (per 1,000 live births, 2002) | 16 |
| Underweight (%, moderate and severe, 2000) | 7 |
| Maternal mortality ratio (per 100,000 live births, 2001) | 65 |
| Primary school enrolment (% net, male/female, 2002/2003) | 100/96 |
| Primary schoolchildren reaching grade 5 (%, 2001/2002) | 91 |
| Use of improved drinking water sources (%, 2002) | 79 |
| Adult HIV prevalence rate (%, end 2003) | 0.1 |
| Child work (%, children 5-14 years old) | 8 |
| GNI per capita (US$) | 1 190 |
| One-year-olds immunized against DPT3 (%) | 99 |
| One-year-olds immunized against measles (%) | 98 |

[1] More comprehensive country data on children and women are available at www.unicef.org.

## The situation of children and women

1. The Syrian Arab Republic has made significant gains which have contributed to improving the situation of children and women, and the country is likely to achieve the Millennium Development Goals. According to the 2004 census, the infant mortality rate (IMR) and under-five mortality rate (U5MR), respectively 17 and 19 per 1,000 live births, are lower than those of other countries in the region that have a higher gross national product.

2. The Government is committed to implementing the Convention on the Rights of the Child. Advocacy by the newly established Syrian Commission for Family Affairs led to a review of the country's reservations with regard to the Convention and a recommendation by the Republic's General Mufti to lift them, thus addressing one of the observations of the Committee on the Rights of the Child. The Government, in cooperation with civil society, also developed policy frameworks for child protection, early childhood development (ECD) and adolescents and young people.

3. In view of regional political instability and the country's developing social market-oriented economy, the Syrian Arab Republic faces serious challenges in terms of sustaining these achievements and protecting the disadvantaged, including children and women, from possible adverse effects. Although a recent study showed that the rate of poverty declined from 14 per cent in 1997 to 11 per cent, the figure remains high and underscores persistent geographic and rural/urban disparities, especially in the Northern, Eastern and Badia regions. Health services have improved in the last decade, but health indicators in those areas are lower than the national average. Approximately 30 per cent of pregnant women still do not receive prenatal care and 23 per cent do not receive post-natal care. Overall, at least 45 per cent of pregnant women deliver at home and almost 10 per cent suffer from post-partum complications. Nutrition indicators for children show that the situation among certain communities is worsening.

4. Disparities are evident in terms of water and sanitation services, with access to safe water ranging from 97 per cent in urban areas to as low as 76 per cent in rural areas. Partly as a result of internal migration, Syria's urban areas have experienced more rapid growth than the rest of the country and the country's population is becoming increasingly urban. This trend will exacerbate problems already seen in cities like Damascus and Aleppo, including the development of poor informal dwelling areas with poor sanitation conditions and weak social service delivery for vulnerable populations.

5. Overall primary-school enrolment rates are above 90 per cent, but completion rates at all levels are an area of concern. In 1993, 93 per cent of all children reached grade six, compared to 88.5 per cent in 2004. Studies indicate that school drop-out rates are influenced by economic and social choices and the quality and relevance of the curriculum. Access is an issue because many children live far from the nearest school. In addition, the gender disparity is wider in these areas, mainly because of social values and traditions.

6. The HIV/AIDS prevalence rate is low, with a total of 347 HIV-positive cases registered to date, but the estimated number of HIV-infected people is closer to 1,000 according to the Ministry of Health. However, the country is vulnerable because there is evidence of high-risk behaviour among street children, adolescents and young people, sex workers, injecting drug users and men having sex with men, compounded by high levels of hepatitis B and C infection. Other factors that may result in a high number of undetected cases are increased mobility, high unemployment, the lack of a national strategic plan, and stigma and discrimination that prevent people from being tested.

7. Almost 60 per cent of the population is now aged 15-24 years. Adolescents and young people, who already face a changing social environment resulting from increased access to new channels of communications and a difficult economic conjuncture with an overstretched job market, are likely to become more vulnerable in a context of reform.

8. Despite policy initiatives which have broken the silence on child protection issues, legislation and coordination remain weak to ensure prevention, support and rehabilitation of children subject to abuse, violence, exploitation and neglect, especially those in conflict with the law and deprived of their primary caregivers. A recent study indicated that juvenile facilities fail to provide basic services, that legal custody and trial periods are infringed and that children are subject to violence. There are no standards to promote alternative care for children in institutions and many children in vulnerable situations face social stigma. Economic reforms may also increase the current trend of child labour. Despite progressive laws raising the age of compulsory education and the minimum working age to 15 years, 10-14 years-olds make up 2 per cent of the currently employed national workforce — some 100,000 children. Important aspects of child labour, especially involving girls, are not documented, particularly housework and agricultural work.

9. Although non-governmental organizations (NGOs) are increasingly active in the social development area, the legal framework has not adjusted to the new environment and is restraining their role and impact. The modernization of the administration and its processes has begun but there is still a significant need for capacity-building in management based on principles of efficiency, transparency and accountability.

## Key results and lessons learned from previous cooperation, 2002-2006

### Key results

10. The strategic results of reducing IMR, U5MR and the maternal mortality ratio (MMR) by 15 per cent were achieved. Immunization coverage remains above 95 per cent and the routine immunization programme was strengthened by training of mid-level managers in all governorates. Training of mobile health teams contributed to the successful outreach to Badia areas for nomadic communities.

11. The "healthy villages" programme, under the coordination of the Ministry of Health, continued to serve as an entry point to structured, community-level interventions. Over 75 villages in the five northern governorates have joined the programme since 2002, receiving support in the areas of healthy lifestyles for adolescents, child-friendly homes and communities, women's empowerment and environmental health messages.

12. A national ECD strategy was developed, and the component involving community outreach workers was successfully implemented, reaching around 12,000 families in North and Eastern regions. Health education curricula were introduced in all primary schools.

13. A flour fortification pilot project was carried out in Salamiye, an area with a high rate of iron-deficiency anaemia, particularly among children and pregnant women. The technical expertise and capacity gained through this project will allow for its expansion at a national level and thus improve the nutritional status of children.

14. Advocacy and policy dialogue resulted in the extension of compulsory and free education up to the ninth grade (age 15 years).The development and implementation of a condensed curriculum by the Ministry of Education provided opportunities for female drop-outs to re-enrol and pursue their basic education. This provides additional support to such other preventive measures as the child-friendly school initiative.

15. Several policy and legislative initiatives stressed issues relevant to child protection. The minimum age for working children was raised to 15 years, the minimum legal age for marriage was raised to 17 years for girls and 18 years for boys, and a modest step was made in increasing the age of criminal accountability from 7 to 10 years. In 2005, a National Child Protection Plan was developed by government and non-governmental partners to create a functioning system to protect all children from violence, abuse, neglect and exploitation. A program to build the capacities of professionals working with children in conflict with the law was initiated for police, social workers and staff working in juvenile centres.

16. During the programme period, the Syrian Arab Republic ratified the two Optional Protocols to the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and International Labour Organization (ILO) Convention 182 on combating the worst forms of child labour. In 2005, the Republic's Grand Mufti and Ministry of Al Awqaf and Religious Affairs recommended that the country lift its reservations to the Convention on the Rights of the Child.

### Lessons learned

17. The inclusive education project to enrol children with disabilities in school, conducted by the Ministry of Education with the support of international partners, helped to build experience on a concrete set of good practices that should lead to a gradual expansion of inclusive education in Syria. An evaluation conducted with the participation of all actors, including children, demonstrated that an important factor in its success is the involvement of parents and the community with the school. This shows the necessity to continue to develop linkages between schools, communities and civil society organizations (CSOs) so that the rights of these children and their families can be better fulfilled.

18. The experience initiated in 2004 in partnership with the national HIV/AIDS programme to prevent the spread of the disease among the most at-risk adolescents and youth, showed the effectiveness of setting stronger partnerships with NGOs. Building on the technical expertise of the Ministry of Health and the experiences of the Syrian Family Planning Association and the Syrian Red Crescent in mobilizing volunteers, the programme was able to reach this group through an innovative peer communication system. Confidential counselling and testing services could also be established for the first time in the country. Syria is participating in *the Unite for Children, Unite against AIDS* campaign, which will continue in the upcoming country programme.

19. Children were involved in promoting the Convention on the Rights of the Child by making recommendations to decisions makers on issues that affect their lives; writing and performing a play and producing over 100 drawings on the Convention; and expressing themselves on the internet and through stories about violence. Their contributions led to the realization by duty bearers of the need to mainstream effective and inclusive child participation in the development and implementation of projects.

## The country programme, 2007-2011

### Summary budget table

(In thousands of United States dollars)

| *Programme* | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Child survival and development | 1 000 | 150 | 1 150 |
| Quality basic education | 1 000 | 150 | 1 150 |
| HIV prevention for adolescents | 400 | 500 | 900 |
| Child protection | 620 | 250 | 870 |
| Policy, advocacy and partnerships for children's rights | 385 | 400 | 785 |
| Cross-sectoral costs | 1 200 | — | 1 200 |
| **Total** | **4 605** | **1 450** | **6 055** |

**Preparation process**

20. In April 2004, the Government and United Nations agencies agreed on a framework for developing the new United Nations Development Assistance Framework (UNDAF), which is closely linked to the Government's Tenth Five-Year Development Plan. UNICEF participated in the Common Country Assessment (CCA), providing data and technical analysis on indicators related to the Millennium Development Goals and ensuring that the CCA included an analysis of the child protection situation. The conclusions and recommendations of mid-term review of the UNICEF country programme, held in 2004, were also taken into account.

21. Following the adoption of the CCA, the Government and United Nations agencies agreed on five main areas of cooperation for the UNDAF: economic growth and sustainable livelihood; governance; basic social services; environment; and disaster management. The UNDAF was endorsed at a Joint Strategy Meeting in February 2006. UNICEF played a key role in the preparation of the UNDAF, ensuring a clear focus on children and use of human rights-based approach to programming. UNICEF also arranged training on this approach for all United Nations agencies and a manual is now being translated into Arabic to support future training of counterparts.

22. The UNICEF country programme for 2007-2011 is based on the UNDAF results framework, the Tenth National Five-Year Plan 2006–2010, national plans for child protection, ECD and youth that were developed in 2005, and the observations of the Committee on the Rights of the Child. Significant efforts were made to involve representatives of civil society, NGOs and young people in the development of the programme.

**Goals, key results and strategies**

23. The overall goal of the country programme is the progressive realization of children's rights to survival, development, education, participation and protection, with a particular focus on underserved areas and groups.

24. The expected key results of the country programme are: (a) IMR and U5MR reduced by 15 per cent, and MMR reduced by 20 per cent in Northern and Eastern governorates; (b) at national level, the prevalence of underweight and stunted children under five years of age reduced by 20 and 10 per cent respectively; (c) all children aged 6-15 years in targeted high drop-out areas (to be defined with the Ministry of Education and other partners) and other disadvantaged areas are enrolled in and complete quality basic education with an adequate level of learning achievement; (d) all basic education schools apply minimum standards of quality education; (e) at least 70 per cent of adolescents have correct knowledge of HIV prevention, and at least 45 per cent of the most at-risk adolescents have access to life-saving protective information, skills, and adolescent-friendly services for HIV prevention, care and support; (f) legislation, policies, systems and capacity are in place to protect children from violence, abuse and exploitation and to provide children deprived of primary caregivers an environment appropriate for their development; and (g) targeted social safety nets are set up to protect vulnerable children and women from deprivation and to ensure their access to basic social services.

25. The strategies to be implemented are: (a) to build the capacities of duty bearers at both national and local levels, particularly in the most disadvantaged areas, to ensure the realization of children's and women's rights; (b) to support CSOs involved in child welfare so they can participate more efficiently and fully in caring for the most vulnerable children; (c) advocacy, communication and social mobilization for catalyzing the process of socio-cultural change, focusing on disadvantaged communities, children and families; (d) to promote opportunities for children, women and CSOs to participate effectively in the development and implementation of public policies, planning and programmes; and (e) to coordinate with United Nations agencies and other donors to realize the potential for synergy between initiatives and approaches.

**Relationship to national priorities and the UNDAF**

26. The country programme will respond to national priorities as stated in the Tenth Five-Year Development Plan, including building capacities at decentralized and local levels, promoting participation of NGOs and community-based organizations (CBOs), reviewing the legal framework to protect children and women and promoting targeted social safety nets for vulnerable groups. The programme will aim at decreasing disparities in terms of access to and quality of health, education and other social services, with a focus on the Northern and Eastern regions of the country and other disadvantaged areas. In line with the UNICEF Core Commitments for Children in Emergencies, UNICEF will coordinate with national counterparts, the United Nations system and other international partners in emergency preparedness and response, including to avian influenza.

**Relationship to international priorities**

27. The programme has been developed to support achievement of the Millennium Development Goals and the commitments of *A World Fit for Children*, adopted by the General Assembly Special Session on Children. It is in line with the UNICEF medium-term strategic plan for 2006-2009, the Convention on the Elimination of all Forms of Discrimination against Women and the Declaration of Commitment of the General Assembly Special Session on HIV/AIDS.

**Programme components**

28. The **child survival and development** programme will operate in target areas and at national level. In the target areas, it aims to develop high-impact health interventions for mothers and children to address neonatal mortality, domestic accidents, diarrhoea and acute respiratory infections. Continued support will be provided jointly with United Nations agencies to prevent and mitigate the effects of avian flu, particularly through communication for behavioural change.

29. The programme, which will focus on targeted underserved geographic areas where health indicators are low, will support the development and implementation of decentralized, outcome-driven health plans that address bottlenecks to improving children's health. The programme will seek community involvement for behavioural change, emphasizing improved hygiene, exclusive breastfeeding, prevention of accidents and overall better parenting. It will also support improving vaccination coverage in areas with low coverage rates.

30. At national level, the programme will support the formulation of policies that articulate child health issues within the larger framework of the national health policy and the sector reform. To reduce MMR, the programme will support improving the emergency obstetric care capacities of hospitals. Drawing on lessons learned from a successful flour fortification project in Salameyeh, a larger-scale national flour fortification project will be initiated, with the goal of having all families consuming iron- and vitamin-fortified flour and to improve children's general nutrition status.

31. The Ministry of Health will be the main partner. Others will include the United Nations Population Fund (UNFPA), the World Health Organization (WHO), NGOs and CBOs, which will play an important role at local level in reaching the targets.

32. The expected results of the **quality basic education** programme are that by 2011, all schools in the target areas will have teachers with the knowledge and skills to promote an inclusive school environment, as well as effective forums for community participation. In areas where young children's learning capacities are affected by poor nutrition, a meal service will be functioning. This project will be implemented in collaboration with the World Food Programme (WFP). A Syrian model for child-friendly schools, based on effective participation of children in all aspects of the school's life, will be developed and tested during the next five years.

33. To achieve these results, the programme will focus on geographic areas with high drop-out rates. In order to foster participatory learning and improve the overall learning environment, training opportunities will be provided to teachers, social workers and headmasters. Parents will be more closely associated with school management through community committees. To help girls stay in school, support will be given to local initiatives including social mobilization, improving the physical condition of schools and developing extracurricular activities. At the national level, the programme will promote a new monitoring system and encourage the development of new improved standards based on the child-friendly schools experience in the Syrian Arab Republic.

34. The main partners will be the Ministry of Education, other government ministries, the Women's General Union, NGOs, local communities, the private education sector and international donors, as well as the United Nations Educational, Scientific and Cultural Organization and WFP.

35. The **HIV prevention for adolescents** programme will strive to reduce adolescents' vulnerabilities to HIV/AIDS. By 2011, appropriate information on HIV/AIDS and services for voluntary and confidential testing and counselling will be provided in 8 of 14 governorates, reaching 30 per cent of the most vulnerable adolescents in these areas. The availability of reproductive and sexual health education, with a special focus on preventing HIV/AIDS and sexually-transmitted infections among adolescents, will be ensured by targeted advocacy campaigns. The programme will also support the implementation of the national HIV/AIDS strategies through life-skills-based education by working with the most vulnerable groups of adolescents and youth. A central part of the strategy will be to build capacities to deliver youth-friendly services by incorporating a peer educator network. Behavioural change and rights-based approaches will be promoted through alliances with CBOs and community leaders, including religious leaders, in order to reach vulnerable and high-risk adolescents.

36. This component will be implemented with the national HIV/AIDS committee, headed by the Ministry of Health and consisting of relevant governmental institutions and NGOs, in close partnership with UNFPA and WHO. NGOs such as the Syrian Family Planning Association and Syrian Red Crescent will be the main implementers for outreach and voluntary and confidential counselling and testing centres.

37. This programme is expected to be essentially funded with other resources. The Syrian Arab Republic has a national commitment and a good track record in terms of pioneering new approaches in the region, and it is expected this will result in successful linkages with global initiatives.

38. The goal of the **child protection** programme will be to build a protective environment for children through the development of knowledge, legislation, systems and capacities of the Government and civil society. The programme will focus on three areas (a) child abuse, neglect, violence and exploitation; (b) children in conflict with the law; and (c) children deprived of primary caregivers. Knowledge and information systems about these areas will be developed and updated regularly. Information and analysis will be disseminated to support the legislative reform process and identify capacity gaps. Monitoring systems will be developed for child protection programmes. A comprehensive legal framework will be established, supported by quality research and analysis. Adapted training programmes will be designed and implemented to address gaps identified through capacity analysis by partners.

39. To ensure that comprehensive solutions and reforms are formulated and enacted, the programme will seek extensive participation from children and women ("claim holders") as well as coordination among all those responsible for ensuring children's rights ("duty bearers"). Concrete measures will be supported to strengthen the knowledge base on violence, abuse, neglect and exploitation of children and to disseminate this information to decision makers and the public. In support of the legal framework and system reform, the programme will provide technical support, expertise and concrete opportunities for practitioners to build knowledge from other countries both in and outside the region.

40. Essential partners will be the Syrian Commission for Family Affairs, the Ministry of Social Affairs and Labour, the Ministry of Justice, ILO, the United Nations Development Programme (UNDP), NGOs and such CBOs as SOS Children's Village, Syrian Red Crescent and Movimondo.

41. About one third of all funds needed for this programme will be other resources. Several bilateral donors have expressed renewed interest in funding this component and the increased involvement of the private sector is also envisaged.

42. The **policy, advocacy and partnerships for children's rights** programme aims at building a strong knowledge base in support of decision-making, through research programmes focused on children and women's rights that will provide data disaggregated by geographic location and gender, and quality social and economical analysis. Functioning systems will be put in place for participation of civil society, children and adolescents in the development of public policies, planning and programmes.

43. The programme will help to strengthen the capacities of partners to ensure quality data collection and social and economical analysis by supporting studies and

providing technical assistance. It will assist relevant government institutions and NGOs in monitoring progress towards the Millennium Development Goals and other international commitments such as the Convention on the Right of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. Through support to civil society and the creation of opportunities for policy dialogue, the programme will make sure that people's voices are heard in the decision-making process. To achieve this goal, inclusive and participatory systems will be put in place, focusing on children and adolescents. The State Planning Commission, the Syrian Commission for Family Affairs and the Central Bureau of Statistics will be the main government partners. UNDP, research institutes, NGOs and CBOs will also play a role in this programme.

44. **Cross-sectoral costs** will cover staff salaries and entitlements and other recurrent costs such as office rent, information technology, telecommunications and security costs.

**Major partnerships**

45. In order to achieve the UNDAF outcomes, cooperation will continue with United Nations agencies, particularly the Food and Agricultural Organization of the United Nations, UNDP, UNFPA, WFP and WHO, leading to joint programmes whenever feasible. UNICEF will also coordinate with and seek the involvement of international development partners present in the Syrian Arab Republic.

46. UNICEF will work closely with the Syrian Government, in particular the State Planning Commission, Ministry of Health, Ministry of Education, Ministry of Social Affairs and Labour, Ministry of Information, Ministry of Justice, Ministry of Interior, Ministry of Local Administration, Ministry of Al Awqaf and Religious Affairs, Ministry of Culture, the Syrian Commission for Family Affairs and the Central Bureau of Statistics.

47. The country programme will engage in partnerships at three levels. First, grass-roots interaction with local communities, NGOs, CBOs, and unions is a key strategy integrated in each programme component. This will assist in identifying gaps and opportunities, monitoring progress and ensuring ownership and sustainability. The second level is civil society, including NGOs, young people, media, academia and the private sector, as key stake holders in the context of social transformation processes and in developing innovations and strengthening social safety nets. It is particularly important to enhance the capacities and participation of these groups for analysis, design and implementation of interventions. The last level is government partners that work with children's issues, with the State Planning Commission as the main coordinator to follow up planning and implementation and the Syrian Commission for Family Affairs as a major advocate and coordinator with oversight functions for child rights. The focus will be on capacity-building in child rights, programme management and reporting. Monitoring the situation of children and women and disseminating this information will be an ongoing process involving all partners. To strengthen partnerships and ensure ownership, the programme will also endeavour to introduce innovative participatory processes that facilitate building consensus on strategies for change.

**Monitoring, evaluation and programme management**

48. The key indicators for tracking progress towards the goals of the country programme include children's vaccination rates; the percentage of exclusive breastfeeding up to age six months; the utilization rate of maternal health services; school drop-out rates; the percentage of the most vulnerable adolescents provided with information, skills and services to improve their life skills and reduce their vulnerability to HIV/AIDS; and the percentage of staff familiar with appropriate treatment of children in conflict with the law, as well as number of laws and policies taking into account studies and research on children and women. A five-year integrated monitoring and evaluation plan will be developed to outline monitoring systems, evaluation and research plans for the country programme. Monitoring and evaluation will be sustained through regular field visits, annual reviews and specific sectoral evaluations.

49. Regarding the UNDAF, the respective taskforces will ensure regular monitoring of programmes and that joint evaluations are conducted. The results will be shared by all partners and taken into account at annual reviews. *DevInfo* will be used to monitor the results of the UNDAF and the country programme, as well as overall progress towards the Millennium Development Goals. At least one yearly joint monitoring visit is proposed to follow up the progress of the UNDAF at a local level. Decentralized monitoring will also be conducted by such partners as local planning offices and NGOs. An UNDAF evaluation will take place in 2010 to feed into the planning process of the subsequent cycle. Within UNICEF, recommendations and lessons learned from all evaluations will be shared with all concerned partners and followed up by the country management team.

50. The State Planning Commission is the main national body for coordinating the implementation of the UNDAF and will, together with the Central Bureau of Statistic, ensure follow up on national monitoring initiatives such as reporting on the Millennium Development Goals (a database will be established in 2006 for this purpose) in collaboration with the UNDAF technical committee. The Central Bureau of Statistics will be strengthened and two "observatories" will be established, on poverty and on competitiveness.